



DEVELOPING COMMUNITY SUPPORT FOR COMMUNITY HEALTH CARE: LESSONS FROM NKWANTA

Placing a Community Health Officer (CHO) in the community involves much more than logistics and supervision. Support systems are needed that facilitate CHO working and living arrangements. Various elements of this support system are present in every work zone:

- *Traditional leaders.* The Community-based Health Planning and Services (CHPS) Initiative emphasizes the importance of organizing support for CHO. Meetings, outreach, and durbars are aimed at building a sense of responsibility for the community health programme among traditional leaders.



Traditional leaders at a community durbar

- *Community support.* Each CHPS zone in Nkwanta has formed a Village Health Committee (VHC) that organizes CHC cleaning and transportation for referral cases to the district hospital. Any birth, death or disease outbreak is reported to the VHC who in turn report to the CHO, thus enhancing the surveillance system. Individuals and groups of people within the communities also provide the CHO with foodstuffs and even organize communal labour to make farms for her. At times when she is very busy some community members volunteer to prepare meals for her. This spirit of community

cooperation has been the main motivation for CHO who are working tirelessly to improve the health status of a people living in the deplorable hinterlands of Nkwanta District.



Kecheibi CHO, Ms. Constance Ntiamoah, attending a sick child

- *Technical support.* While it is not correct to say that CHO are completely on their own, medical backup is typically not an option. Nkwanta District is noted as one of the most deprived districts in the country. Health facilities are remote from most transportation routes and communication systems. The district has only one government hospital in Nkwanta, the district capital, with only one doctor who also doubles as the chief executive of the District Health Administration. It is however supported by the St. Joseph's Clinic in the town, which occasionally gets a qualified doctor. Each of the five subdistrict health centres are poorly equipped and poorly staffed. The main road from Kadjebi to Nkwanta is in very bad state, not to mention the roads in the hilly hinterlands. Telephones are practically nonexistent except for a few Motorola radio telephones in some government facilities. For these reasons, medical backup must take the form of rigorous training on the wide range

of health problems that CHO will be confronted with. Frequent technical meetings are needed where case histories are discussed. This picture must be kept in mind so that one can understand the plight of “the deprived among the deprived” and services can be designed to serve the complex health needs of rural folk in Nkwanta District.



A CHPS Coordinator on a supervisory visit with a CHO

- *Supervisory support.* The relocation of nurses to CHC requires new roles and activities for supervisors. In the past, supervision was confined to clinical tasks. With the advent of CHPS, supervision involves community liaison, logistics backstopping, troubleshooting, and long hard days of village work.
- *System support.* The Nkwanta Initiative has demonstrated that with strategic planning, community consultation, and mobilization, a basic health care system can be brought to the doorsteps of underprivileged rural people. Using a minimum number of health personnel, this system must have management information that supports worker needs, training programmes that improve coordination and utilization of resources, and interchange among workers to foster peer

leadership. In developing the system of CHO support, small is truly beautiful; starting small can make a big difference in the effort to bring health to all—within the reality of dwindling human and material resources. The Government has adopted the CHPS process as a policy tool to implement the National Primary Health Care objectives. Every effort must be made to implement CHPS, in whatever small way, in all rural areas in the country. While tackling the increasing attrition rate of professional health personnel from the Ministry of Health, we can employ CHPS to provide the needed basic health care to our rural folk by using the many well-trained and hardworking Community Health Nurses available in the country.

Making community health a truly community-based programme is indeed the rightful job for Community Health Nurses. In fact they are better at it than anyone else! Their participation in the CHPS process converts “Health for All” from a distant dream to reality for all Ghanaians.



Village Health Committee after a community meeting

Comments? Opinions? Suggestions? Please share your local experiences by writing to:

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